# Indiana Department of Insurance
# Company Filing Checklist
# *GROUP* Accident & Health Policy Review Standards

*(Checklist must be submitted with filing – attach as PDF document if filing electronically)*

**Company Name**_____ **Filing Date** _____

**NAIC #** _____ **Type of product** **(use NAIC Uniform Coding Matrix )** _____

**Form number(s)**_____

**To be used with:** ☐ Single Employer Groups ☐ Multiple Employer Groups ☐ Non-Employer Groups
(check all that apply) ☐ Large Group ☐ Small Group ☐ Other _____

**Association(s)** _____

| ***Statute/ Regulation*** | ***Requirement*** | ***N/A*** ***(If asking for special consideration on any item address in Cover Letter)*** | ***Location in Submitted Documents*** | ***FOR DOI USE ONLY Yes/No/Comments*** |
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| **General Filing Requirements** | | | | |
| | ***Filing Fee*** – You will be billed with a quarterly invoice for **each** filing for **each** company. The invoice will be for $35 + any applicable retaliatory fee for **each** company included in filings based on your state of domicile's filing fee. Do NOT include a filing fee with this filing. | | | |
| | NAIC Standard A & H Transmittal Sheet – *use coding from NAIC Uniform Product Coding Matrix – Links to these items on the DOI website or www. NAIC.org* | | | |
| IC 27-1-26 | Flesch readability certification | | | |
| | A cover letter does NOT have to be submitted IF all of the following information is included on the NAIC Standard A & H Transmittal Sheet (use Box 14 for any explanations normally included in a cover letter).<br><br>If a cover letter is submitted it must be in duplicate w/one copy of all forms to be filed. If filing for more than one company, each company must be listed separately. The cover letter should include: | | | |
| | a) A reference "Re:" line for each company with insurance company's name, NAIC number, and form number of **each** form to be filed. | | | |
| | b) If there are numerous forms in one filing, please list on a separate sheet of paper and indicate in the reference line "see attached list." Please list the most important form first and keep the same order in related correspondence | | | |

* If the group is not employer-based, the insurer must offer the coverage.

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| | c) Name of contact person, w/e-mail address, telephone and fax numbers. **All correspondence will be done via electronic communication when possible.** On <u>all</u> e-mails and other correspondence, include NAIC number, Company Name, lead form number. *Items without these items will not be processed.* Any submission of additional forms or materials should include separate response letter, for each filing being addressed. | | | |
| | d) The nature of the insurance product (use descriptions from NAIC Uniform Coding Matrix - e.g. Medicare Supplement, individual, small group, association group, employer group health insurance, etc.) | | | |
| | If filing paper, a postage-paid, self-addressed envelope of adequate size to hold the "approved" or "filed" stamped duplicate correspondence and any extra copies of forms that you wish to have returned. (There is no need to send more than one copy of the forms.) | | | |
| | If the filing is submitted by an outside consulting firm, a letter giving authorization to file on behalf of the company(s). If you are filing for multiple companies you must submit an authorization from each company, list each company separately on the cover letter by NAIC #, Company Name, and form #. And you must submit a separate filing/retaliatory fee for each company. | | | |
| | If you are filing for multiple companies, see above instructions re cover letter and fees. Please pre-sort the materials, by company, before sending. | | | |
| | All policies, applications, riders, etc. must be in final print form with form numbers printed in the lower left corner of each form. | | | |
| | An actuarial memorandum and rates for all HMO forms if you are requesting rate changes or the form changes have actuarial consequence. | | | |
| **<u>LARGE GROUP</u> A&H Policies *must provide* :** | | | | |
| IC 27-8-5-21 | Adopted children | | | |
| 760 IAC 1-39-7 | AIDS, HIV and related conditions IF other diseases covered (can't be unique exclusion) | | | |
| IC 27-8-5-26 | Breast reconstruction & prosthesis following mastectomy – must be covered even if mastectomy covered by other carrier | | | |
| IC 27-8-14.8 | Colorectal cancer screening * | | | |
| IC 27-8-5-27 | Dental anesthesia/ hospitalization | | | |
| IC 27-8-14.5 | Diabetes treatment, supplies, equipment & education | | | |
| IC 27-8-5-19(c)(17) | Handicapped children beyond the age of maturity. (w/ 120 days notice to the company) | | | |

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| IC 27-8-26 | Individuals w/o regard to genetic testing | | | |
| IC 27-8-24-4 | Infant screening tests required by IC 16-41-17-2 | | | |
| IC 27-8-24.1 | Inherited metabolic disease (PKU) | | | |
| IC 27-8-14 | Mammography * | | | |
| | (Baseline, then 1 per year after 40 unless high risk) | | | |
| IC 27-8-5-15.6 | Mental health parity, IF mental health benefits offered | | | |
| IC 27-8-24 | Minimum maternity stays, IF maternity benefits offered | | | |
| IC 27-8-5.6-2(b) | Newborns | | | |
| IC 27-8-20 | Off-label use of certain drugs, IF drugs are covered | | | |
| IC 27-8-14.2-4 | Pervasive development disorders including Autism and Asperger's | | | |
| IC 27-8-5-2.5 | Pre-existing conditions after 12 months. | | | |
| IC 27-8-5-19(c)(18) | UNLESS employee has previous creditable coverage | | | |
| IC 27-8-14.7 | Prostate cancer screening * | | | |
| | (1 per year after 50 unless high risk) | | | |
| IC 27-8-24.3 | Victims of abuse w/o regard to the abuse | | | |
| **A <u>LARGE GROUP</u> Policy *Must OFFER*** | | | | |
| IC 27-8-14.1 | Coverage for Surgical Treatment of Morbid Obesity | | | |
| COBRA/ERISA | Opportunity for COBRA coverage if employer has 20 or more employees | | | |
| 27-8-5-15.6(e) | Substance Abuse Parity – If substance abuse treatment needed in relation to mental health treatment must offer to provide coverage in parity with other medical benefits. | | | |
| **HIPAA Portability and Renewability Requirements for LARGE GROUPS** | | | | |
| IC 27-8-5-19(c)(18) | Insurer must recognize previous creditable coverage (w/ no exclusion for pre-existing conditions) | | | |
| IC 27-8-5-19(c)(18) | Coverage is guaranteed renewable (unless non-payment of premiums, etc.) | | | |
| **Required Benefits for SMALL GROUP A&H Policies** | Small Employer = Employer that has between 2 and 50 employees hired to work 30 or more hours per week. | | | |
| IC 27-8-5-21 | Adopted children | | | |
| 760 IAC 1-39-7 | AIDS, HIV and related conditions IF other diseases covered (can't be unique exclusion) | | | |
| IC 27-8-5-26 | Breast reconstruction & prosthesis following mastectomy – must be covered even if mastectomy covered by other carrier | | | |
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| IC 27-8-14.2-4 | Pervasive development disorders including Autism and Asperger's | | | |
| IC 27-8-14.7 | Prostate cancer screening * (1 per year after 50 unless high risk) | | | |
| IC 27-8-24.3 | Victims of abuse w/o regard to the abuse | | | |
| IC 27-8-15-27 | Pre-existing conditions after 9 months. | | | |
| IC 27-8-15-28 | UNLESS employee has previous creditable coverage | | | |
| **A <u>SMALL GROUP</u> Policy Must OFFER** in addition | Small Employer = One that has between 2 and 50 employees hired to work at least 30 hours per week | | | |
| COBRA/ERISA | Opportunity for COBRA coverage if employer has 20 or more employees | | | |
| IC 27-8-15-31 | An individual conversion policy (This right should be disclosed in the certificate.) | | | |
| **HIPAA Portability and Renewability Requirements for SMALL GROUPS** | Small group = 2 employees to 50 employees hired to work at least 30 hours per week. | | | |
| HIPAA | Policy is guaranteed renewable and may not be cancelled (unless for non-payment of premiums, etc.) | | | |
| IC 27-8-15-29 | Late enrollees may have to wait 15 months | | | |
| **Required Provisions for All Group A&H Policies** | The following rights of insurers and insureds must be disclosed in <u>group</u> accident and sickness policies issued in Indiana. Exact wording is not required, as long as the substance matches the statutory language, or is more favorable to the insured or policyholder. | | | |
| IC 27-8-5-19(c)(1) | **GRACE PERIOD**: The policyholder has a grace period of 31 days for payment of premium due, except the first premium. Policy remains in force during the grace period, but insurer may hold claims incurred during grace period until premium is received. | | | |
| IC 27-8-5-19(c)(2) | **INCONTESTABILITY**: Validity of policy may not be contested after 2 years except for a) nonpayment of premiums, or if b) the disputed statement is in a written instrument signed by insured. Ineligibility of insured or enrollee under the policy may be disputed any time. | | | |

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| IC 27-8-5-19(c)(3) | **COPY OF APPLICATION**: If there is an application, a copy must be attached to the policy at issue. Statements made by persons insured are representations, not warranties, and must be provided to insured persons in case of a dispute. | | | |
| IC 27-8-5-19(c)(4) | **EVIDENCE OF INSURABILITY**: Insurers may reserve the right to require individual evidence of insurability as a condition of coverage. | | | |
| IC 27-8-5-19(c)(5) applies to groups other than those of IC 27-8-5-2.5(a)(1) thru (5) *(excludes accident only, credit, dental, vision, Medicare Supplement, long term care, disability income, supplement to liability, auto medical, specified disease issued as individual, limited benefit issued as individual, short term that may not be renewed and has duration of 6 months or less, and worker's compensation)* | **PRE-EXISTING CONDITION DEFINITION AND LIMITATIONS**: a) Medical advice, diagnosis, care or treatment must have been received or recommended during 6 months before enrollment; and b) May not apply to a loss that occurs 12 months after enrollment, or 18 months for a late enrollee. (NOTE: for a small group employer, the limitation is 9 months.) See sections 2.5(a)(1) through 2.5(a)(8) for excluded policies. (Also doesn't apply to policies insuring lives of debtors) | | | |
| IC 27-8-5-19(c)(6) (***Applies only*** *to accident only, credit, dental, vision, Medicare Supplement, long term care, disability income, supplement to liability, auto medical, disability income, supplement to liability, auto medical, specified disease issued as individual, limited benefit issued as individual, short term that may not be renewed and has duration of 6 months or less, and worker's compensation)* | **EXCLUSIONS OR LIMITATIONS**: For policies described in sections 2.5(a)(1) through 2.5(a)(8), any additional exclusions or limitations for a disease/physical condition that existed before the effective date, a) may apply only if advice or treatment was received during 365 days before effective date and b) may not apply to a loss or disability beginning after the earlier of: 1) 365 days after effective date of coverage which no medical advice or treatment or 2) 2 years after coverage began. | | | |
| IC 27-8-5-19(c)(7) | **MISSTATEMENT OF AGE**: Clear statement of how premiums, benefits or both will be fairly adjusted if covered person's age is misstated and if premiums and benefits vary by age. | | | |
| IC 27-8-5-19(c)(8) | **CERTIFICATE**: Insurer must issue to policyholder, for delivery to each insured person, a certificate of coverage explaining the protection, to whom the benefits are payable, and each family member and dependent's coverage. (See (16) for debtor's certificate.) | | | |
| IC 27-8-5-19(c)(9) | **TIMELY NOTICE OF CLAIM**: Insured must provide written notice of claim within 20 days after occurrence or commencement of loss, or as soon as reasonably possible. | | | |
| IC 27-8-5-19(c)(10) | **CLAIM FORMS**: Insurer must provide forms for filing proof of loss within 15 days of notice of claim, or claimants can submit their own. | | | |
| IC 27-8-5-19(c)(11) | **PROOF OF LOSS**: a) For disability claim, written proof of loss must be provided within 90 days of commencement of insurer's liability and at reasonable intervals thereafter if required. B) For other loss, written proof must be furnished within 90 days of loss. C) Claim will not be reduced if a) or b) was not reasonably possible but no later than 1 year after requirement. | | | |
| IC 27-8-5-19(c)(12) & IC 27-8-5.7 *(For policies issued,* | **TIMELY PAYMENT OF CLAIMS**: Current law requires that claims be paid within 45 days after insurer receives all | | | |

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| *delivered or renewed after June 30, 2001, see IC 27-8-5.7 "clean claims," procedures, including interest to be paid to the provider if payment is delayed.)* | necessary information, except for loss of time benefits. All accrued benefits for loss of time will be paid not less frequently than monthly, subject to proof of loss. | | | |
| IC 27-8-5-19(c)(13) *(Excludes policies insuring lives of debtors.)* | **BENEFICIARIES**: Loss of life benefits are paid to the beneficiary designated by the insured. If the policy contains conditions pertaining to family status the policy terms apply. All other benefits payable to the person insured. Insurer may also choose to pay up to $5000 to a relative by blood or marriage if beneficiary is an estate or a minor. | | | |
| IC 27-8-5-19(c)(14) | **PHYSICAL EXAMINATION AND AUTOPSY**: Insurer has the right to examine the person during the pendency of a claim or to conduct an autopsy in case of death. | | | |
| IC 27-8-5-19(c)(15) | **LEGAL ACTIONS**: No lawsuit may be filed to recover under the policy before 60 days after proof of loss is filed, and not later than 3 years after proof of loss is required to be filed. | | | |
| IC 27-8-5-19(c)(16) | **DEBTOR'S CERTIFICATE**: If policy insures debtors, the insurer will furnish to policyholder a certificate of insurance for each debtor insured, describing the coverage and benefits payable first to reduce or extinguish indebtedness. | | | |
| IC 27-8-5-19(c)(17) | **PROTECTION FOR DISABLED DEPENDENT**: If policy provides hospital or medical expense coverage of a dependent child and contains an attainment age provision, coverage cannot be terminated while the child is: a) incapable of self-sustaining employment because of mental retardation or mental or physical disability: and b) dependent on the member for support and maintenance. Proof must be provided within 120 days of limiting age, not more than once a year for next 2 years. | | | |
| IC 27-8-5-19(c)(18) | **GUARANTEED RENEWABILITY**: Indiana requires the portability and guaranteed renewability provisions of HIPAA, P.L.104-191. (*See above.*) | | | |
| IC 27-8-28<br>IC 27-8-29<br>760 IAC 1-59 | Internal and External Grievance and Grievance Appeal procedures<br>External Review procedures | | | |
| **Optional Provisions for Group A&H Policies** | | | | |
| 760 IAC 1-59 | Coordination of Benefits – Required language if included | | | |
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